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APPLICANTS

Walter Schubert, Biederitz, GERMANY;

** CONTINUING DATA *****

This application is a CON of 09/802,305 03/08/2001 PAT 6,649,165 *OK . C.C.*
 which is a DIV of 09/367,011 09/07/1999 PAT 6,638,506
 which is a 371 of PCT/DE97/02883 12/10/1997

** FOREIGN APPLICATIONS *****

none C.C.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>CS</i>	GERMANY	0	7	1
Examiner's Signature	Initials				

ADDRESS

WEINGARTEN, SCHURGIN, GAGNEBIN & LEBOVICI LLP
 Ten Post Office Square
 Boston , MA
 02109

TITLE

Use of substances with immunomodulating activity for the treatment of amyotrophic lateral sclerosis

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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